

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
01637312

FILING DATE
8/11/00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1	1				
3	1					
4	1					
5	1					
6	1					
7						
8	1					
9	1					
10	1					
11	1					
12	1					
13	1					
14	1					
15	1					
16	1					
17	1	4				
18	1	4				
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48						
49						
50						
TOTAL IND.	9					
TOTAL DEP.	39					
TOTAL CLAIMS	48					

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IND.	DEP.	IND.	DEP.	IND.	DEP.
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52					
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100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					